

# Warsaw

Model United Nations



October 2012 Conference  
World Health Organization  
Guide



**Health problems and their roots in the  
Roma minority.**





## Chair's foreword

---

Dear Delegates,

As the Chairs of the World Health Organization at the Warsaw Model United Nations 2012 we feel honoured to welcome you in our Committee. We are looking forward to meeting you at the Conference in October and hope that this study guide will prove helpful in your preparations for the topic of Health problems of the Roma minority. It ought not to be taken as an exhaustive report of the issue but rather as a foundation for further research.

We hope that your research into the topic and the debate in WHO committee will be fruitful and that attending Delegates will be motivated, thrilled and well prepared. Should you have any questions concerning the study guide, feel free to contact us.

Best regards,

Anna Sieńko

*Chair of World Health Organization*

Magdalena Rajpert

*Deputy Chair of World Health Organization*

[who@wawmun.pl](mailto:who@wawmun.pl)



## The Roma minority

---

The number of the members of this ethnic group is impossible to determine. Different estimates vary from 2 million to overwhelming number of 14 million. They can be found on almost every continent but their presence is most prevalent in Europe. The largest population of around 1,000,000 is found in United States. Moreover 800,000 in Brasil, 650,000 in Spain, 619,007 in Romania, 500,000 in France and Turkey each, 370,000 in Bulgaria – these are only a few countries named, in which the concentration of Gypsies is high.



The Roma origins trace back to Indian subcontinent from which they began to migrate in the northwest direction in the 11<sup>th</sup> century. They probably arrived to Europe in 14<sup>th</sup> century. The uniform language of Romani people cannot be identified, as they use many dialects of Romani language and sometimes adopt the language of the country they live in, and quite often combine both.

The name of this ethnic group comes from their language in which word *rom* is a masculine noun, meaning 'men, husband'. *Roma* is the plural from it. *Romani* is the feminine adjective. What is worth noticing, is that not all Roma use this word as self-ascription while some do but they pronounce it with a double *r*. Furthermore, it was previously used as a designation of a branch of this ethnic group living in Balkans but now is becoming increasingly popular because of the pejorative connotations the word 'Gypsy' brings about.



It is vital to remember that the Roma minority highly values its culture and traditions. As it is connected to their attitude towards illnesses, treatments and medical help, knowing their culture allows for better understanding of their behavior and for a far more effective solution-searching process.

The first and increasingly important belief is the social dimension of an illness. It means that whenever a member of a family or a community suffers from a disease, all of the other members gather around him, insisting that they need to remain close. Their aim is to show their highest concern and bring as much help as they can. Such a behavior is guided by two things – by very strong feeling of commitment and concern as well as governance of old rules. Family coming together when someone is ill is one of the strongest values in the Romani society.

**The Roma minority highly values its culture and traditions.**

To know Gypsies in relation to sickness and health, and the sociocultural context of health care it is essential to distinguish what is perceived by them as positive and negative. Key concepts are presented in the table below.

Positive Concepts	Negative Concepts
<b>Rom (Gypsy)</b>	Gaje (Non-Gypsy)
<b>Travelling</b>	Sedentary
<b>Sastimos (Good Health)</b>	Naswalemos (Illness)
<b>BaXt (Good Fortune)</b>	Prikaza (Bad Luck)
<b>Wuzho (Purity)</b>	Marime (Imputiry → exclusion)

The most common blessing among Gypsies is "May God give you luck and health", indicating that these two are of high importance and are often associated. Being healthy means having good fortune. This can be to some extent self-controlled by monitoring and taking care of one's health. And the other way round - illness can be caused by actions that are considered contaminating or polluting. In order to return to the desired state of purity, an individual has to be cured. For example, a young person who exhibits rebellious behavior and may be in danger of pollution through illicit sexual relations can be "cured" by marriage.

Perhaps the most striking problem doctors encounter is faith that the larger a person is, the luckier, healthier, and happier that person will be. A fat person is perceived as healthy and fortunate, whereas a thin person is pitied as either ill or too poor to eat,





(both of which indicate a lack of good luck). This is exhibited by high rates of hypertension and other related diseases.

Marime, meaning polluted, defiled, or unclean, is used to indicate impurity of a physical as

**Body separation is a general cultural ideal that comes into play more in public situations than in private ones, and it has implications for a physician wishing to examine the lower body.**

well as a ritual or moral nature. The top half of the body from the waist up ideally must be kept separate from the bottom half of the body, which is considered polluted and is an area associated with feelings of shame. Separate soap and towels are allocated for use on either the upper or the lower part of the body, and they must not be allowed to mix. The source of pollution of the lower body is the genitoanal area and its emissions and secretions. Secretions from the upper half of the body are not polluting or shameful. For example, spittle is viewed as a clean and curative substance that may be used to clean cuts or scratches. This viewpoint conflicts with medical practice, which sees spittle as a possible source of contagion so common among the Romani people due to that belief. Body separation is a general cultural ideal that comes into play more in public situations than in private ones, and it has implications for a physician wishing to examine the lower body. Most Gypsy women will not agree to a gynecologic examination or a Papanicolaou smear unless the necessity of the procedure is clearly explained as essential to a woman's well-being.



Concern for a person's health begins at birth and is most active during the days or weeks of confinement (from 9 days to 6 weeks) of the mother. Nowadays,

more and more Gypsy women give birth in hospitals; however, the crucial period of prenatal care is still entirely neglected because few women will accept a vaginal examination. One of the reasons Gypsies have turned to hospital birth is the advantage to them of avoiding the impure birth substances.



On contrary, the aged are respected persons, both because they are politically powerful (political authority is vested in the aged) and because they now enjoy a "clean" status. When in contact with a group of Gypsies, it is always wise to seek out older authority figures and to communicate problems in their presence because they have authority and may influence younger Gypsies. Also, without the approval of older relatives, many young Gypsies will not agree to medical procedures considered risky. This rule can be advantageous in medical contacts with Roma communities, as persuading the

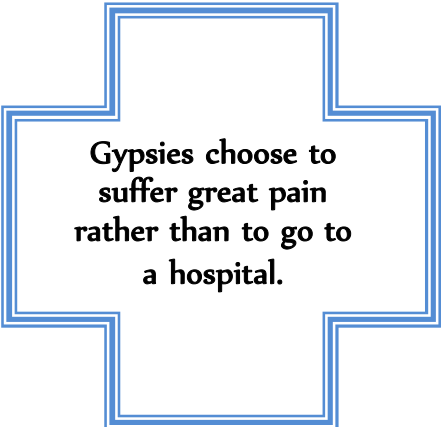
aged about positive results of medical actions may result in more effective cooperation with members of the Roma minority.





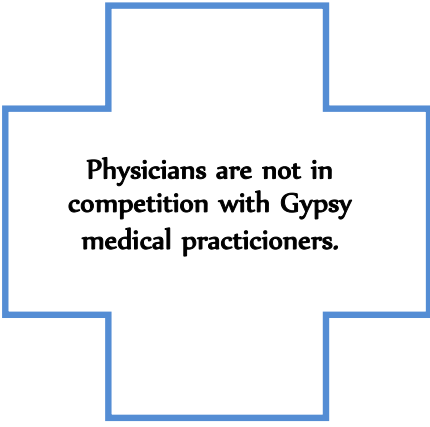
Food and eating may also be an obstacle, especially during hospitalization. Food prepared by non-Gypsies is *marime* and thus is avoided. This avoidance is not always possible, such as when in a hospital, but it can be aided by eating wrapped take-away foods, drinking from cartons or bottles, and using disposable eating implements. Gypsies may simply eat with their hands rather than use utensils that may not have been properly washed.

Romani people distinguish two types of illnesses – those originating from ‘gaje’ and those that come from their own world. The latter can exclusively be cured by family or community medical practitioners, which often is a privilege of the oldest woman. Gypsies do not have a scientific understanding of how the body functions. To them American physicians simply have a special knowledge of ‘gaje’ illnesses and cures, a store of knowledge on medicines, and diagnostic and curing techniques. Not all physicians have the same knowledge or ability. To a Gypsy, a “big” doctor is one who cures, and a bad doctor is one whose medicine does not work. What is more, hospitals are feared and avoided whenever possible. Most Gypsies will go to a hospital only if they are in serious danger of dying, or if they view the situation as a major crisis. Furthermore, a hospital is a hostile place for the Gypsies: full of non-Gypsies, unclean, and completely removed from Gypsy society. Too few visitors are allowed, so for the Gypsies, who want to be with their kin when ill, a hospital is close to a state of exile from their own community. For these reasons, many Gypsies choose to suffer great pain rather than to go to a hospital. If they have to be admitted, the one thing they know for certain is that they do not want to be alone, without their relatives.



**Gypsies choose to suffer great pain rather than to go to a hospital.**

Gypsy and non-Gypsy diseases overlap, but their causes are different. Most Gypsies prefer to try several different cures for any single illness to combat the different causes. A person who has convulsions, for example, may be rushed to a hospital where a physician can attend but will also be given ‘asafetida’ by relatives. Physicians, therefore, are not in competition with Gypsy medical practitioners.



**Physicians are not in competition with Gypsy medical practitioners.**

Serious Gypsy diseases are caused either by a spirit called ‘Mamioro’ or the Devil. Mamioro, a specific spirit who has become a disease carrier, causes illness simply by visiting the homes of Gypsies. Fortunately, it only visits dirty houses, so by keeping a clean house, the Gypsy can keep it away. ‘Johai’, its vomit, is found most frequently in garbage dumps, and it is the most

powerful and valuable cure Gypsies have.

Several important diseases are caused by the Devil. ‘Tosca’ is a disease that the Gypsies translate as “nerves.” People who are nervous, fidgety, and worry excessively are stricken with it. A lot of Gypsies get ‘tosca’, especially the less aggressive and more sensitive ones





who find it hard to keep up with the demanding, noisy, fast pace of Gypsy life. 'Khantino drab' will cure 'tosca'. 'Khantino drab' is said to be found near

the place where a person has been seized with a convulsion or epileptic seizure. It is believed that convulsions occur when a person is possessed by the Devil and that usually the Devil defecates during the convulsion. Locating the 'Khantino drab' and giving it to the convulsed person will make the devil marime and drive him away.



Talking about Non-Gypsy methods of treatment, they fear surgery, especially when general anesthesia is required, as Gypsies are convinced that a person under anesthesia undergoes a "little death." Thus, Gypsies will gather around the bedside to collect support and help the patient come out of the anesthesia.





## Health situation of the Roma minority

In 2004 on the request of the British Department of Health there was a research carried by a research team from the University of Sheffield School of Health and Related Research. Its aim was to identify inequalities in health status between Gypsy Travelers and Non-Gypsy Travelers. Among other health problems it addressed mental health, stroke, and heart disease, as these are health service priorities and health improvement targets. The second strand of the research explored the health experiences, beliefs, and attitudes of Gypsy Travelers, and perceived barriers to service access, or use. Moreover, researchers surveyed Primary Care Trusts and Strategic Health Authorities in England in order to better understand the current pattern of health planning, and provision for this ethnic minority.

The results were striking. The quantitative survey showed that Gypsy Travelers have significantly poorer health status and significantly more self-reported symptoms of ill-health

than other UK-residents, English speaking ethnic minorities and economically disadvantaged white UK residents. Self-reported chest pain, respiratory problems, and arthritis were also more prevalent in the Traveler group. For Gypsy Travelers, living in a house is associated with long term illness, poorer health and anxiety. Those who rarely travel have the poorest state of health – this is illustrated by the high correlation between Roma's beliefs and their health status. There was also some evidence of an inverse relationship between health needs and use of health and related services in Gypsy Travelers (with fewer services and therapies used by a community with demonstrated greater health needs). From these results, and from comparison with UK normative data,

**There was also some evidence of an inverse relationship between health needs and use of health and related services in Gypsy Travelers (with fewer services and therapies used by a community with demonstrated greater health needs).**

it is clear that the scale of health inequality between the study population and the UK general population is large, with reported health problems between twice and five times more prevalent. Health status in the Gypsy Traveler group is correlated with those factors that are recognized as influential on health: age, education and smoking. However, the poorer health status of Travelers can't be accounted for by these factors alone. Gender differences were found; women were twice as likely as men to be anxious, even when education, smoking and status of family carer (the person experienced in health care in the family) was taken into account. The aspects of Gypsy Traveler health that show the most marked inequality are self-reported anxiety, respiratory problems (including asthma and bronchitis) and chest pain. The excess prevalence of miscarriages, stillbirths, neonatal deaths and premature death of older offspring was also conspicuous. There was less inequality observed in diabetes, stroke and cancer.





Furthermore, the clear pattern in attitude towards health services has emerged, showing pride of self-reliance and self-efficacy rooted in the Romani culture resulting in greater trust in 'family carers' than professionals. Gypsies are the most afraid of life termination and chronic diseases, such as cancer. For this reason they avoid regular screening. Illnesses are perceived by them as inevitable so medical care makes no difference. It also turns out that thanks to the tradition constantly changed accommodation site is crucial as it is associated with poor access to social services, consequently replaced with being close to extended (and always very eager to help) family, non-hazardous environment and sense of freedom for the children and independence to their parents. This together with harmful stereotypes, so often expressed by other citizens, is a reason for the feeling of injustice and persecution negatively influence of the Roma minority. The educational disadvantage of the Travelers is extremely striking, and the single most marked difference between Gypsy Travelers and other socially-deprived and ethnic minority populations. Gypsies also encounter difficulties in communication with medical care services to which they respond with defensive expectations of racism and other prejudices. Barriers to health care access are experienced, with several additional causes, including reluctance of social services to register Travelers or visit sites, practical problems of access whilst travelling, mismatch of expectations between Travelers and health staff, and attitudinal barriers. However, there were also positive experiences of those of social service staff and of health visitors who were perceived to be culturally well-informed and sympathetic. Such professionals are highly valued by this minority.



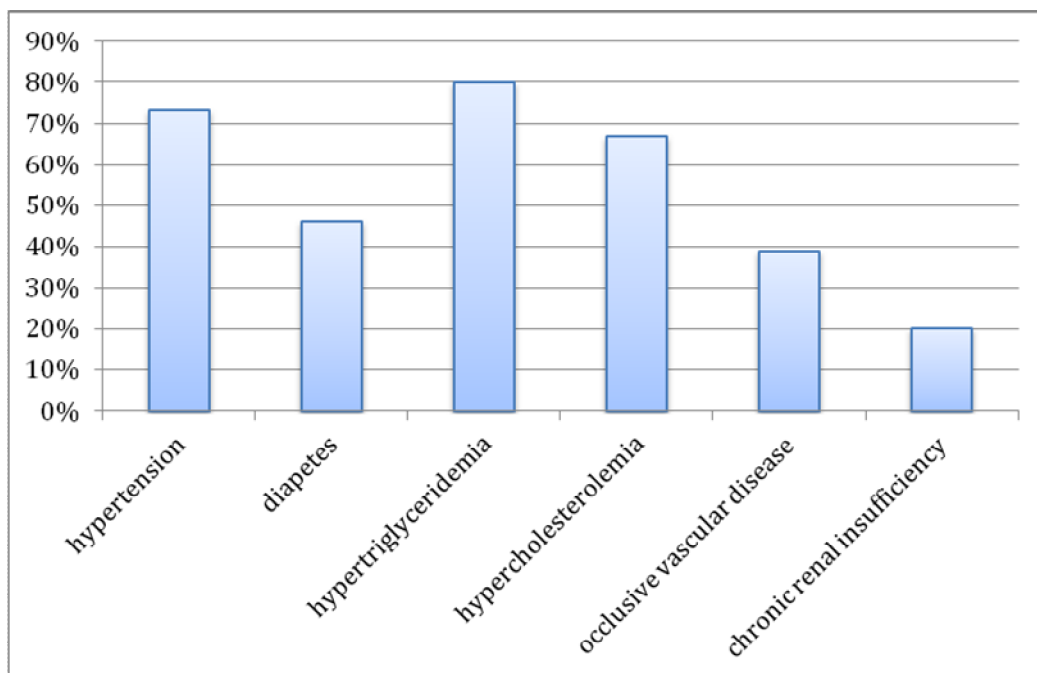
These are not the only problems that have to be faced by medical staff. In other research or staff questionnaires carried for example in United States, Gypsies are described as striving for attention of medical personnel, which often turns out as irritating for professionals. Romani people also require protection and help from well known and renowned doctors and treatment, they have heard of, even though it may be inappropriate for their health state. They also request specific colorful pills (often in large groups or even whole families, even if only one of them is sick. When turns out that one must be hospitalized, they even tend to camp on hospital grounds.





Another research carried in Boston on a sample of 58 Gypsies revealed shocking patterns: 41 of 56 (73%) had hypertension, 24 of 52 (46%) diabetes mellitus, 32 of 40 (80%) hypertriglyceridemia, 26 of 39 (67%) hypercholesterolemia, 20 of 51 (39%) occlusive vascular disease, and 8 of 40 (20%) chronic renal insufficiency. A combination of diet, which is extremely high in fat, and genetics could be leading to the high cholesterol levels and hypertension. In this group, 50 (86%) smoked cigarettes and 49 (84%) were obese. The life expectancy of a Gypsy in the United States is between 48 and 55 years, which comparing to the world's mean is about 30 years less.

Fig. 1





## Failures of Non-Gypsy organizations

---

The results of the research also revealed flaws in the Government's policy. Fewer than half of the Primary Care Trusts, Strategic Health Authorities and Public Health Observatories responding to the survey from 2004 had knowledge of the numbers or location of Gypsy Travelers locally. Information on Gypsy Travelers' use of services was more rarely available and only a fifth had any specific service provision. Only one in ten had any policy statement, or planning intentions that specifically referred to Gypsy Travelers.

**The legal status of Gypsies in many countries is still unclear and in some it is not even established at all.**

In general, the legal status of Gypsies in many countries is still unclear and in some it is not even established at all. This may turn out as the most important problem preventing introduction of further solutions. If unsolved, might not only be the hindrance for resolving current issues, but also a cause of new difficulties.





## Possible solutions – calling upon Member States

Although the health situation of the Roma minority is complicated, and many different factors influence it, various solutions may be suggested to improve it significantly. Government should be the first to do it and ought to be an impulse for the Governmental and Non-Governmental Organizations, as well as the society, to help to resolve these problems.

Cooperation between Governments and Gypsies communities in Member States should become prevalent. As an example of partnership the successful Ireland's family health care project introduced in 1994 can be recalled. In this project Traveler women were given training to develop their skills in providing community-based health services to their own community in partnership with public health nurse coordinators.

Education is one of the most important constituents of modern, well-developed societies. Government is supposed to raise awareness of the people of their countries about Romani culture and traditions. Better understanding of the rules governing Gypsies will result in gradual elimination of negative attitudes and prejudices. On the other hand, improving education accessibility to the Roma minority will result in better assimilation with societies of inhabited countries and more frequent acceptance of offered help.

These are only a few and very general solutions. Member States Delegates are expected to suggest more detailed resolutions as only specified ideas can bring visible results.





## Useful resources

As it was said before, this guide is not an exhaustive document in this matter. It ought to be treated as a basis for further research. In order to find more information you can browse the Internet and read some articles and reports there. Some useful links are listed below:

[http://www.who.int/about/brochure\\_en.pdf](http://www.who.int/about/brochure_en.pdf)

<http://www.youtube.com/watch?v=68rb56PqmOk>

<http://www.youtube.com/watch?v=P6IKHJXNAAU>

<http://www.rromaniconnect.org/Romaniarticles.html>

<http://www.shef.ac.uk/content/1/c6/02/55/71/GT%20report%20summary.pdf>

<http://www.reocities.com/~patrin/healthus.htm>

[http://en.wikipedia.org/wiki/Romani\\_people](http://en.wikipedia.org/wiki/Romani_people)

[http://en.wikipedia.org/wiki/World\\_Romani\\_Congress](http://en.wikipedia.org/wiki/World_Romani_Congress)

Additionally, we strongly recommend contacting your country's embassy - it might be exceptionally helpful in getting a better insight in its foreign policy and engagement.

We wish you fruitful preparations. Knowledge of the rules will allow you to fully participate in discussions.





## What you need to prepare

The council's task is to produce a resolution suggesting a solution to the problem outlined in this guide. In order to facilitate achieving our common goal we kindly request each delegate in our Council to prepare policy statements as well as notes in the form of a draft resolution.

### Policy statement

It is basically the overview of country's policy towards each subject. Therefore, each country delegate should prepare a policy statement. The desired length of the statement is about 2 minutes. In the beginning of the discussion each delegate will be asked to present the document in order to familiarize other delegates with the country's policy. It will be useful later for finding co-submitters of the resolution. Tips on writing good policy statement and sample works are accessible on WawMUN website ([www.wawmun.pl](http://www.wawmun.pl)).

### Draft resolutions

Prepare draft resolution beforehand makes lobbying more efficient. Draft resolutions will be discussed during informal lobbying. You may prepare your own, complete propositions and find the countries willing to co-submit your draft or you can prepare solely your desired clauses and search for appropriate draft resolution introduced by another member of the council, in which they can be implemented. Tips on writing the documents, as well as information about the Opening Speech, which not every delegate has to prepare can be found on our website ([www.wawmun.pl](http://www.wawmun.pl)). We recommend studying the WawMUN Instruction Booklet, especially if it is your first conference.

While preparing to the Conference please bear in mind that:

- ① you, as a Delegate, always represent your country's policy, not your personal attitude,
- ② you should not duplicate ideas or solutions from United Nations resolutions,
- ③ you should not propose any kind of military activities, as this does not lay in the Council's competence.

Once again, we are looking forward to seeing you in October!

Yours,

Anna Sieńko and Magdalena Rajpert  
[who@wawmun.pl](mailto:who@wawmun.pl)

